

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 04/05/2021 10:44 (SGT)
Date of Accident 29/04/2021 12:10 (SGT)
Exact Location of Accident Tuas South Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE2658D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG SAGAWA AMERIOD PTE. LTD.
Company Reg No 199100423D
Email Address ziv.ong@sgh-global.com
Mobile Phone No (Phone) +65-66029932
Alternative Phone No (Office) +65-66029932

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 11967

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number J400000911MKF
Cover Note Number -

DRIVER

Name of Driver GAO JILIN
NRIC No G5334583U

Date Of Birth	19/06/1979
Occupation	Outdoor
Date Of Driving Pass	22/05/2013
Driving experience	7 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81115675
Alt. Phone Number	-
Email Address	ziv.ong@sgh-global.com
Address	BLK 655B JURONG WEST ST 61 #14-458
Address complement	-
Postcode	642655
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB7892B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/5/2021

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

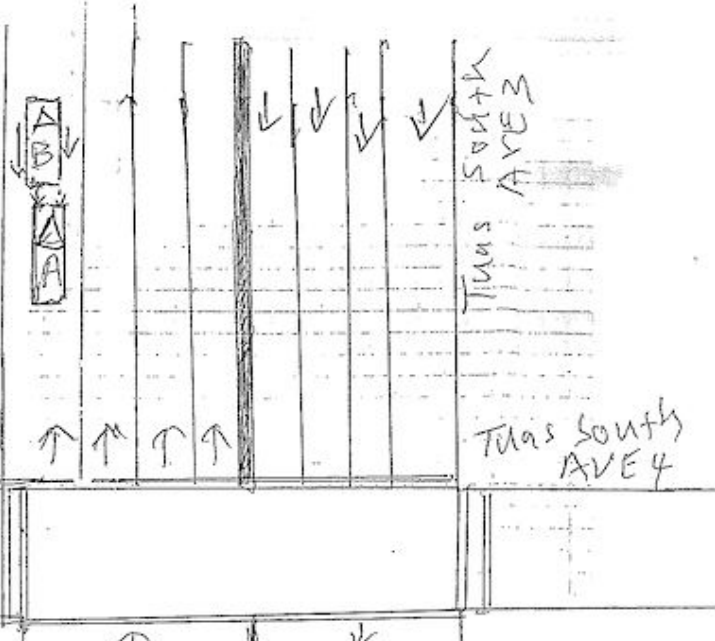
I HEREBY CONSENT THAT THE INFORMATION PROVIDED IN THIS FORM WILL BE USED BY THE REPORTING CENTRE FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL

SKETCH PLAN

(A) XE 2658D

(B) XB 7892B

Carport



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20210501/2044

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/5/2021

☐ Claim own policy
☒ Claim third party
☒ Claim OD (TP at other workshop) 4/3
☐ For record purpose
Policy No. J400000911 MKE
Insurer MSIG Veh. No. XE2658D

Reporting Centre Personnel's Signature
Name:
NRIC/EPN No.:













**SINGAPORE
POLICE FORCE**



T/20210501/2044

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210501/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2021 15:13	Vide Report No.:	Station Diary No.: 73
--	------------------	--------------------------

Informant's Particulars

Name of Informant: GAO JILIN			Address: APT BLK 655B JURONG WEST STREET 61 #14-458 SINGAPORE 642655		
ID Type / ID No.: FIN NO / G5334583U			Contact No.: Home/Office: Mobile: 81115675		
Nationality: CHINESE			Email:		
Sex: Male	Age: 41	Date of Birth: 19/06/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Trailer-truck driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/04/2021 12:10	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 3				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XB7892B	Lorry					0
XE2658D	Lorry	MITSUBISHI	FUSO FP51SDR3V DEA	White		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210501/2044

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20210501/2044

CONTINUATION OF REPORT

Driver			
Name	GAO JILIN	ID No.	G5334583U
Related Vehicle	XE2658D (Lorry)	Contact No.	81115675
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 10/09/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I temporarily stopped my truck, V1) XE2658D along the kerb of Tuas South Ave 3, towards Tuas West Rd, in front of the units 69K to 69R, right after the cross junction with Tuas South Ave 4. I stopped there to buy food from a restaurant. Then, when I returned to my truck, I found multiple dents all around the place on my front bumper. Its bonnet has also sustained dents, thus now it could not be opened. Both of my headlights also dented inwards and the plastic holder for my right headlight has also broken.

I then checked my front-facing in-car camera and realised that a lorry, V2) XB7892B, which was in front of me, reversed and collided onto the front part of my truck. My camera also showed that he has came down from V2 to make a check. I did not know when he left the scene, as the camera did not capture that part, but it should be right after he came down from his lorry, because when I returned to my truck shortly after I bought my food, V2 was no longer there.

I was not injured and no one was in my truck during the time of collision. I did not know why did V2 want to reverse.



**SINGAPORE
POLICE FORCE**



T/20210501/2044

3 of 3

Report No. T/20210501/2044

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/
SC2 CHENG DEREN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/05/2021 15:13

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING
Contact No.: 96208032

Classification Of Case:

Authentication Stamp
NP168



Signature :

Singapore Police Force

SN 126